STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155787	A. BUILDING _____ B. WING _____	C 05/17/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA VETERANS HOME	**3851 N RIVER RD WEST LAFAYETTE, IN 47906**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00197977, IN00198878, IN00199033 and IN00199267. Complaint IN00197977 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00198878 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00199033 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00199267 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: May 12, 13, 16 & 17, 2016 Facility number: 001134 Provider number: 155787 AIM number: 200817200 Census bed type: SNF/NF: 154 Total: 154 Census payor type: Medicare: 5 Medicaid: 93 Other: 56 Total: 154 Sample: 15 Indiana Veterans Home was found to be in compliance with 42 CFR 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155787	A. BUILDING _____ B. WING _____	C 05/17/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 000	Continued From page 1 Complaints IN00197977, IN00198878, IN00199033 and IN00199267. QR was completed by 99993 on 05/18/16.	F 000		